

**SALT RIVER PIMA MARICOPA INDIAN COMMUNITY  
REGIONAL PARTNERSHIP COUNCIL  
FUNDING PLAN**

**July 1, 2009 – June 30, 2012**

**OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION**

**I. Regional Needs and Assets**

The Salt River Community has grown by almost 19% in the last few years, and the population of young children ages 0-5 has increased as well. Although the US Census indicates that there are 829 children living within the Salt River Pima-Maricopa Indian Community (SRP-MIC) Region, tribal enrollment numbers as of July 2008, indicate that there are actually 1101 children ages 0-5 enrolled but not all live on Tribal land. The result of the increase in population has strained the Community's capacity to serve its youngest members.

The most common need identified in the Needs & Assets report, FTF SRP-MIC Community Forum, and Key Informant Interviews for children and families in the SRP-MIC was parent education and training. Early childhood development, parenting, financial management, and substance use/abuse were most frequently listed as areas needed for training, education, and/or services. Other needs identified included services for children with special needs, particularly the need for specialized therapists, dental services and treatment, and health and nutrition education due to the high rates of overweight and obesity.

Families are limited to the number of choices they have for child care. The families rely primarily on the SRP-MIC Education Department's Early Childhood Education Center (ECEC) which provides infant and toddler care and Head Start/Preschool. The SRP-MIC Early Childhood Education Center documented a waiting list for infant and toddlers of 61 in 2007/2008 and 41 for 2008/2009. The Head Start waiting list has averaged 36 children for the last two years. These facilities serve 250 children and represent 12% of the population of children from birth to five years of age within the SRP-MIC region. Given the 250 children that are already receiving services through these programs/providers, it is assumed that the remaining children are either being cared for outside of these facilities, outside of their community or in their homes. More data is needed to thoroughly understand the needs of children not currently being served by early care and education programs, specifically those children in relative care or receiving care outside the community.

The Salt River Pima Maricopa Indian Community is faced with the same transportation difficulties that more rural Indian communities experience. The Community is faced with unique transportation challenges with limited Community transportation systems and safety concerns due to the Community having limited bike paths and sidewalks. The transportation situation in the Community hinders parents/ guardians the access that is needed to utilize the Community library, tribal programs and resources.

Interviews with the Early Childhood Education Center Manager revealed that recently they hired 10 staff that are non-tribal members, who do not qualify for the Salt River enrolled members Scholarship Program. This program is open to enrolled Community members is based on eligibility guidelines. The program provides financial assistance for higher education in the form of various scholarships. In order to meet the Head Start standards, 50% of the teaching staff must have their bachelor or advanced degree in early childhood education by September 30, 2013.

The Salt River Pima Maricopa Indian Community is higher than the state and national average in teen pregnancy rates, with one out of three children being born to parents aged 19 years or younger for 2005 and 2006. During the First Things First Community Forum, key informant interviews and Tribal district meetings, the Community members expressed a concern about high school dropout rates, teens not having the information to prevent teen pregnancy, and teens needing information to be effective parents.

While a myriad of services exist in the SRP-MIC region, they are not currently prepared to provide the necessary continuum of care for the large number of children that require services. There is a need for a collaborative initiative that would allow each agency to focus on its area of expertise and then "refer" the child to the next agency to address their needs.

Based on the information provided within the Needs and Assets report, Community Forums and Key Informant Interviews, the Salt River Pima-Maricopa Indian Community Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Limited access to quality early care and education (classroom experience) for children ages 4 & 5.
2. Limited supports and services to young children and their families.
3. Expansion of early literacy programming.
4. Limited health and fitness awareness for children age 0-5 and their family members
5. Limited cross-coordination system among the various programs and departments in the Community providing services to children age 0-5.
6. Expand access to higher education opportunities for the early childhood education workforce.
7. Create community awareness around early childhood development and health.

## **II. Prioritized Goals and Key Measures**

The Salt River Pima-Maricopa Indian Community Regional Partnership Council has prioritized FTF Goals and Key Measures as follows:

**Need:** Limited access to quality early care and education (classroom experience) for children ages 4 & 5

**Goal: (1)** FTF will improve access to quality early care and education programs and settings.

**Goal: (11)** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Key Measures:**

- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

**Need:** Limited support and services to young children and their families.

**Goal: (11)** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (12)** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)
- Percentage of families with children birth through age five who report reading to their children daily in their primary language
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

**Need:** Expansion of early literacy programming.

**Goal: (12)** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families

**Key Measure:**

- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

**Need:** Expand number of children that receive Nutrition, Education and Physical Exercise.

**Goal: (11)** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Key Measures:**

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

**Need:** Limited cross-coordination system among the various programs and departments in the Community providing services to children ages 0-5.

**Goal: (11)** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (13)** FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families

**Key Measures:**

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.
- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems.

**Need:** Expand access to higher education opportunities for the early childhood education workforce.

**Goal: (1)** FTF will improve access to quality early care and education programs and settings.

**Goal: (8)** FTF will build a skilled and well prepared early childhood development workforce.

**Key Measures:**

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.
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**Need:** Create Community awareness about early childhood development and health.

**Goal (15):** FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

**Key Measures:**

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

## I. Strategy Selection

The Salt River Pima-Maricopa Indian Community Region has many needs and First Things First funding will allow the Regional Council to begin supporting the development of the infrastructure and services to create better outcomes for children. With continued community input, stronger coordination between First Things First Regional Partnership Council, Tribal Council, tribal departments, the community, and clear long term strategic goals, collaborations and capacity will be built.

The SRP-MIC Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, to develop further understanding and a baseline of work. The Regional Council has committed to continue in this ongoing planning and improvement process with SRP-MIC Early Childhood Education Center, Early Enrichment Program, Education Department, and other Tribal departments. This is just the beginning of a great work in progress.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Limited access to quality early care and education (classroom experience) for children age 4 & 5.	<p><b>Goal: (1)</b> FTF will improve access to quality early care and education programs and settings.</p> <p><b>Goal: (11)</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> <li>Percentage of families with children birth through age five who report reading to their children daily in their primary language</li> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> </ul>	Expand Early Education and classroom experience for 4& 5 year old children through a summer pre- kindergarten program focusing on children who have not previously participated in a program.
Limited supports and services to young children and their families.	<p><b>Goal: (11)</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> <li>Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and</li> </ul>	Enhance and expand Salt River Pima-Maricopa Indian Community's current family support programs by integrating the Arizona Parent Kit and Brain Boxes by New Directions, into Community programs, promote literacy rich home environments and provide teen parent education.

	<p><b>Goal: (12)</b> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>materials are available and accessible to children)</p> <ul style="list-style-type: none"> <li>• Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</li> <li>• Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health</li> <li>• Percentage of families with children birth through age five who report reading to their children daily in their primary language</li> </ul>	
Expansion of early literacy programming.	<p><b>Goal: (12)</b> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<ul style="list-style-type: none"> <li>• Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).</li> <li>• Percentage of families with children birth through age five who report reading to their children daily in their primary language.</li> </ul>	Expand the current Reach Out and Read Program.
Limited health and fitness awareness for children age 0-5 and their family members.	<p><b>Goal: (11)</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal</p>	<ul style="list-style-type: none"> <li>• Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being</li> </ul>	Expand number of children that receive Nutrition Education and Physical Exercise.

	development.		
Limited cross-coordination system among the various programs and departments in the Community providing services to children ages 0-5.	<p><b>Goal: (11)</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p><b>Goal: (13)</b> FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families</p>	<ul style="list-style-type: none"> <li>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</li> <li>Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system</li> <li>Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems</li> </ul>	Develop a collaborative initiative that would allow a seamless cross-coordination system between the various programs and departments in the Community that supports the safe and healthy development of children 0-5.
Expand access to higher education opportunities for the early childhood education workforce.	<p><b>Goal: (8)</b> FTF will build a skilled and well prepared early childhood development workforce.</p>	<ul style="list-style-type: none"> <li>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development</li> <li>Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree</li> </ul>	Expand access to T.E.A.C.H Early Childhood Arizona.
Create community awareness around early childhood development and health.	<p><b>Goal (15):</b> FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<ul style="list-style-type: none"> <li>Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters</li> <li>Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</li> </ul>	Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

## Strategy Worksheets

**Strategy 1:** Expand Early Education and classroom experience for 4 & 5 year old children through a summer pre- kindergarten program focusing on children who have not previously participated in a program.

To increase the number of children that receives comprehensive pre-kindergarten programs and increase school readiness. The Regional Council proposes to expand the Summer Pre-Kindergarten school based programs. This will focus on providing additional services for pre-school opportunities for families in the Community that have been on waiting lists for services.

The six week Summer Pre-Kindergarten program will prepare children for the transition to kindergarten in a safe, friendly environment. The program enhances fine motor, cognitive and language skills while developing self-confidence and social skills.

The Summer Pre-K program was offered for the first time in the summer of 2007. During the first year, the program was held for four weeks and had approximately 15 children participate. Due to limited space, a waiting list was generated. The Summer Pre-K program is based on the Head Start model that is offered throughout the school year. Teachers indicated that these students who had not previously participated in a classroom setting/environment entered Kindergarten knowing some expected classroom behavior and classroom routines and were better prepared for kindergarten. First Things First would expand the program by adding 3 more classes that would allow 51 more students to attend the Summer Pre-K program.

Programs would require parent participation in the classroom and/or through parent educational and volunteer opportunities. The goal of the parent component is to increase parent's involvement in their child's education. Each program would require coordination with other community resources to insure that children receive the health, dental, mental, developmental, health screening and follow-up services as needed. Each classroom would serve 15 children with a lead teacher and teacher assistant. The Summer Pre-K Program would be administered by the SRP-MIC Early Childhood Education Center that currently operates under Head Start standards. The Summer Pre-K program that will be implemented with First Things First funding will require pre and post test to be taken. The access to the results will allow us to see if the students achieve program objectives for Kindergarten readiness.

### **Research Notes:**

Research confirms that all children gained from attending school year pre-k programs. While there may be differences in scores among children of various backgrounds, all children gain, regardless of ethnic background.

A large body of research shows that high quality preschool programs can lead to increases in school success, higher test scores, fewer school dropouts, higher graduation rates, less special education and even lower crime rates.



National Institute for Early Education Research [www.nieer.org](http://www.nieer.org)  
National Center for Early Development and Learning <http://www.fpg.unc.edu/~ncedl/>

**Lead Goal: (1):** FTF will improve access to quality early care and education programs and settings.

**Goal: (11)** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Key Measures:**

- Percentage of families with children birth through age five who report reading to their children daily in their primary language
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

**Target Population (Description of the population to reach):**

Children ages 4 & 5 with no classroom experience and their parents/ guardian

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	51 Children	66 Children	81 Children

**Performance Measures SFY 2010-2012**

1. Total number of children receiving early education services.
2. Percent of families that reported satisfaction with early education services.
3. Increase in school readiness score using standardized screening tool.
4. Percent of families showing increases in parenting knowledge and skill.
5. Number of children that received developmental screening.

**How is this strategy building on the service network that currently exists:**

- This is an opportunity to build upon the other strategies focused on families with children four to five years old to allow children to have seamless services to prepare for school. Expansion of current Summer Pre-K program offered by the Education Department.
- Potential settings for this strategy could be in school settings or in private early education/child care settings, community centers, churches or other settings for this strategy to provide services to children across the region.

**What are the opportunities for collaboration and alignment:**

- Opportunities to build partnerships between area early education programs, school districts, medical providers, churches and social service programs to provide settings for children as well as other family support services.
- Potential to partner with school district, faith community, private donations, local foundations and

other community partners to enhance this program.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$48,913.00
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**Budget Justification:**

Program implementation cost is estimated at \$48,913 to serve 51 children; total cost per child is \$959. Cost includes personnel, employee related expenses, transportation, resources and materials. There are no fees to parents for child's participation.

**In Kind by the Education Department**

- Classroom space is @ no cost
- Lunch will be provided by Summer Food Service breakfast & lunch program @ no cost

**Strategy 2:** Enhance and expand Salt River Pima-Maricopa Indian Community's current family support programs by integrating the Arizona Parent Kit and Brain Boxes by New Directions into Community programs, promote literacy rich home environments and provide teen parent education.

**Purchase and distribute Arizona Parent Kits and Brain Boxes in the Community.**

The Regional Council will partner with the family support programs of the Community to enhance child development information and educational materials parents currently being served. The staff of the various family support programs will be provided training for effective use of the tools with families. The staff will provide interaction and coaching with families based upon the materials in the kit and boxes.

- **FACE-** The FACE program located at Salt River Elementary emphasizes the importance of **parents** as a child's **first teacher**. The program serves families with children prenatal to 5 years old. The Arizona Parent Kit and Brain Boxes will be given out during the home based visit to SRP-MIC families with children prenatal to age 3. The families receive information on child development, learn lessons incorporates parent and child activities and attend support groups with other parents monthly, that promote family literacy as children receive a book per month from the Imagination Library.
- **Child Find-** The program is designed to indentify, locate ("find") children at risk for developmental delays or disabilities (special needs) living in the Salt River Indian Community. The Child Find program conducts free developmental screening for children birth to five years old and assists parents in the referral/evaluation process. Parent Educators go into the home and other Community based agencies to screen the children.
- **Women, Infants, and Children (WIC)** - Offers a range of health and nutrition services for families in the SRP-MIC to help participants put healthy behaviors into action. Services are customized to each family's needs and interests. WIC nutrition staff provide nutritional food, nutrition education and access to health services to Women, Infants, and Children who are nutritionally at risk.
- **Early Childhood Education Center (ECEC)** - Offers an infant-toddler program for children ages two weeks to three years. The infant toddler program is more than childcare as they offer an age-appropriate curriculum which focuses on early childhood development. Services include health and nutrition, developmental screenings, and parent training and workshops. Support services for the entire family are available and parent involvement is encouraged as well.
- **Early Enrichment Program-** Is a program designed to prevent many of the problems that are facing the youth of the Salt River Community. The program provides services to 3 and 4 year old children in order to build a strong foundation for the future. The children are exposed to the culture of Salt River Pima Maricopa Indian Community and they promote health and fitness and literacy through books and storytelling. Parents of participants in this program receive a monthly visit to discuss the child's progress and Individual Development Plan.

In addition, the Arizona Parent kits will be distributed to parents of young children who did not receive a kit at the birthing facility. The kits will be distributed to primary & secondary child care providers (e.g. child care facilities, grandparents caring for young children, child care homes, etc.) and five Baby Brain Boxes and Arizona Parent kits will be placed at various locations throughout the Community for parent checkout.

The Piper Trust completed an initial evaluation in the Arizona Parents Kit. Data indicates that the Arizona Parents Kit influenced parents' behaviors and, in combination with findings of the Berkeley evaluation, yields convincing evidence that the kit is an effective education and information tool for parents.

- Parents were more likely to put babies to sleep on their backs to minimize the chances of Sudden Infant

Death Syndrome.

- Increased the incidence & duration of breastfeeding.
- Increased the rate of reading to babies.
- Increased the amount of time adults played with their babies.
- Produced more appropriate methods of dealing with infant behavior.
- Increased the correct use of car seats.

The Arizona Parent Kit contents include:

- 6 videos/DVDs on prenatal care, child health & nutrition, child development, safety, quality child care, early literacy and discipline. (Parents' Action for Kids)
- 80-page Arizona Parents Guide: a resource guide for families to accompany the videos/DVDs. (UC Berkeley)
- A chubby picture book for parents to read to their baby. (First book)

The Baby Brain Box™ was created by New Directions to help parents and caregivers promote healthy brain development during the baby's first year. The patented box contains eight items with instructions for play as well as toy safety and disinfecting information. An activity card for each item provides a complete guide for the parent (or caregiver) on how to use the item interactively with the child. Activities follow the [S.T.E.P.S. to Early Brain Development](#)<sup>sm</sup> system, which covers five important areas of development: Security, Touch, Eyes (vision), Play and Sound. Activity guides and all the materials are provided in the boxes which promote adult-child interaction that encourages healthy brain development. A Brain Box™ set includes 12 individual boxes: two for infants, two for babies, two for toddlers and six for preschool children. The Brain Boxes have shown to increase school readiness, increase positive parenting and parental involvement and improved child and maternal health outcomes. ([www.newdirectionsinstitute.org](http://www.newdirectionsinstitute.org))

In addition to the parent kits and utilization of the Brain Boxes, the SRP-MIC RPC will supply children's books to the families that participate in the previously mentioned programs in order to promote literacy rich home environments and reading with their children. The books would help the families in the Community build their child's library. When parents understand the importance of engaging their child in rich conversations and exposing them from birth on to many forms of literacy, children will develop the language and literacy skills they need to become successful readers in later years.

### **Teen Parent Education**

The Regional Council will enhance the current teen parent education programs offered by Early Childhood Education Center to high school enrollees, teen parents attending GED classes, as well as ALA (Accelerated Learning Academy) students by integrating a nationally recognized evidenced based model that has effectively worked with different race and ethnic groups. The Regional Council will work partner with the Early Childhood Education Center to integrate the Baby FAST curriculum: The program is evidenced based and supports young, isolated families in insecure family environments and within challenged communities by providing network support. It is a much needed, collaborative approach to caring for vulnerable infants and supporting parent child interactions and attachments. Parents participate in weekly meeting for eight weeks and the sessions are 2 ½ hours long. Program cycles conclude with graduation ceremonies. After graduation, parents work together as a virtual community and meet regularly to support each other while their babies grow.

**Research Notes:**

Long term evaluation data from blind pre and post surveys shows strong and statistically significant positive outcomes (2002-2007):

- 34% of parents showed improvement in post-program family relationships
- 87% of parents describe increased networking and support from community, nurses, or other parents
- Parents and grandparents consistently report increasing family cohesion after the program
- Parents and grandparents consistently report reduced stress and aggression in the household

**Lead Goal: (11)** FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (12)** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Percentage of families of children birth through age five who report they maintain language and literacy rich home environment (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

**Target Population:**

Children birth to five years old that are enrolled in the Early Childhood Education Center, Early Enrichment, Child Find, FACE, WIC or tribal Community recreational programs.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	300 families 50 Teens parents	300 families 50 Teens parents	300 families 50 Teens parents

## **Performance Measures SFY 2010-2012**

### **Arizona Parent Kit and Brain Boxes Distribution**

1. Percent of families showing increases in parenting knowledge and skill after receiving information from the Arizona Parent Kit and Brain Boxes.
2. Number and percent of families receiving Arizona Parent Kit and Brain Boxes.
3. Number of families reporting an increase in the number of days the family reads to their children.
4. Number of families that report satisfaction with parenting education support.
5. Total number and percentage of families showing increases in parenting knowledge in early literacy and skill after receiving family support.
6. Percent of families attending adult and family literacy programs/actual service number.

### **Teen Parent Education**

1. Number and Percentage of families that reported satisfaction with provided family support.
2. Number and Percentage of families showing an increase in parenting knowledge and skill after receiving family support.
3. Percentage of people reporting knowledge of child development issues.

## **How is this strategy building on the service network that currently exists:**

### **Arizona Parent Kit and Brain Boxes Distribution**

Several agencies currently operate home visiting programs and parent education classes and related services. This strategy allows for building on existing program information and resources provided to families.

### **Distribution of Children's Books**

Existing programs that target early literacy development in the SRP-MIC can be enhance current programs, or increase the numbers that are currently served.

### **Teen Parent Education**

This strategy is design to expand the current teen parent education classes offered by the Early Childhood Education Center.

## **What are the opportunities for collaboration and alignment:**

### **Arizona Parent Kit & Brain Boxes Distribution**

The strategy will focus on collaboration among all Community programs/ departments. The programs within the Community: Education Department, Early Childhood Education Center, Head Start, Library, WIC, Early Enrichment Program, Eagle Nest, Department of Corrections, Child Find, Senior Center, FACE, Salt River Clinic.

### **Distribution of Children's Books**

This strategy is designed to utilize existing programs in the Community (Early Childhood Education Center, Early Enrichment Program) that have a strong literacy component where family educators work with family members to understand the importance of language, rich conversation, and literacy rich environments and the connection to later reading skill development.

#### Teen Parent

- The Salt River High School has a classroom for children of teen parents enrolled and gives priority enrollment to these children. There is capacity for eight infants in this classroom.

#### SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	<b>\$31,916.00</b>
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#### Budget Justification:

Data collection, distribution of Arizona Parent Kits and Brain Boxes, storage	\$ 6,275
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#### Brain Boxes

(5) Baby Brain Boxes x \$79.00 (lending library)	\$ 400
(4) Brain Boxes (Instruction Materials) x \$1,800=	\$ 5,400
Training	\$ 1,500

#### Arizona Parent Kit

100 Parent Tool Kit \$22.00 plus shipping (each)	\$ 3,000
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#### Language and Literacy

Data collection, materials and distribution of books, storage of books	\$ 2,000
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Purchase 900 books=	\$ 4,816
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<b>Teen Parent Education (BABY FAST Curriculum)</b>	<b>\$10,525</b>
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**Strategy#3:** Expansion of the current Reach Out and Read Program within the Community that promotes early literacy development.

Reach Out and Read (ROR) makes literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading. Pediatricians and other clinicians are trained in the three part ROR model in an effort to promote pediatric literacy:

- At every well-child check-up, doctors and nurses encourage parents to read aloud to their young children, and offer age-appropriate tips and encouragement. Parents who may have difficulty reading are encouraged to invent their own stories to go with picture books and spend time naming objects with their children.
- Providers give every child between the ages of six months and five years new, developmentally appropriate children's book to keep.
- In literacy rich waiting room environments, often with volunteer readers, parents and children learn about the pleasures and techniques of looking at books together.

**Reach Out and Read in Salt River Pima Maricopa Indian Community Region, July 2008:**

ROR is now implemented in 1 clinic in SRP-MIC Region distributing over 450 books each year to more than 225 children; about 34% of the region's children who could be served by ROR. Funding of \$2408 would allow ROR to serve an additional 225 children in the region annually.

Reach Out and Read is a proven school-readiness program. A growing body of peer-reviewed, published research shows the effectiveness of ROR in encouraging parents to read aloud to their children and stimulating increased language scores in young children. For 18 years, doctors and nurses have been giving parents information on how to read aloud to their children in a way that is developmentally appropriate, and sending them home with new, carefully chosen children's books

**Lead Goal: 12** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

- Percentage of families of children birth through age five who report they maintain language and literacy rich home environment (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

**Target Population:**

Children birth to five years old that visit the Salt River Clinic



Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	225 Children	225 Children	225 Children
<b>Performance Measures SFY 2010-2012</b>  1. Total number and percentage of families showing increases in parenting knowledge in early literacy and skill after receiving family support. 2. Percent of families reporting an increase in the number of day family reads/strategic target number. 3. Percent of families attending adult and family literacy programs/actual service number.			
<b>How is this strategy building on the service network that currently exists:</b> Expanding the current Reach Out and Read program that targets early literacy development and will allow FTF to increase the number of children presently served.			
<b>What are the opportunities for collaboration and alignment:</b> This strategy is designed to utilize existing Reach Out and Read programs at the Salt River Clinic to continue educating family members of the importance of language, rich conversation, and literacy rich environments and the connection to later reading skill development.			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy	\$2,408		
<b>Budget Justification:</b>  Program implementation cost is estimated at \$2,408 to purchase 450 books which will allow ROR to service an additional 225 children.			

**Strategy 4:** Expand number of children that receive Nutrition Education and Physical Exercise.

American Indians have the highest rate of diabetes in the world. In less than eight decades, obesity and diabetes have gone from a rare occurrence to an epidemic for the Native American population of the U. S. (Adriann Began, M.D.). In addition, Hispanic and Native Americans make up the largest percent of the obese children in Arizona. The researchers have found that Pima Indians have over 20 times the rate of new cases of kidney failure as the general U.S. population, and diabetes is the culprit over 90 percent of the time. Furthermore, kidney disease is the leading cause of death from disease among Pima Indians who have diabetes (National Institute for Diabetes & Digestive & Kidney Diseases). According to the 2007 Early Childhood Education Center Head Start report nine children receiving Head Start services were identified with Acanthosis Nigricans, a precursor to type 2 diabetes.

"Obesity is a major health problem in children and adolescents. Over the past 20 years, obesity has tripled among adolescents and doubled among children in this country," said Nazrat Mirza, MD, a general pediatrician at Children's National Medical Center, Washington, D.C. "The rapid rise of obesity is due to decreased physical activity and increased sedentary activities such as watching television and computer and video games."

The Salt River Pima-Maricopa Indian Community Regional Partnership Council will strive to support high quality parent education and programs focused on nutrition education and physical exercise. This strategy is a comprehensive approach to prevent childhood obesity and diabetes by reaching children, parents, and the community. Provides an opportunity for existing community-based programs to expand to un-served children in the region.

Programs providing family education and support services through this strategy must address:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic).
- Health-related issues (i.e. nutrition, obesity, physical activity).
- Resource and referral information on health and nutrition.

Currently, the SPARK curriculum is being used by the Early Childhood Education Center. SPARK is a research-based organization dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. SPARK strives to improve the health of children and adolescents by disseminating evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K through 12th grade students. The SPARK Programs is dedicated to improving the quantity and quality of physical activity for children and teachers everywhere. SPARK Early Childhood (EC) has been developed for: Head Start, public and private preschools, day care/childcare providers, and WIC agencies. SPARK EC is designed to provide high activity, academically integrated, enjoyable activities that enhance motor development and school readiness skills in children ages 3-5.

To provide consistency for children throughout the Community the Regional Council is looking to use the SPARK Curriculum to promote healthy lifestyles for children. This parent child program will be offered four times a year in six week sessions. Implementation of these programs will take place in available Community

facilities. The SPARKS curriculum includes increased physical activity for the preschoolers, incorporates healthy eating and physical fitness into the overall curriculum.

**Research Notes:**

(2008) The American Foundation for Childhood Obesity. <http://www.amffco.com/?p=childhoodObesity>

CDC: Overweight Prevalence. [www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm)

American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD) [www.aahperd.org](http://www.aahperd.org)

**Goal: (11)** FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Key Measures:**

Percentage of families with children age birth through age five who report they are competent and confident about their ability to support child's safety, health and well being.

**Target Population:**

Children and parents ages 0-5

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	120 Children	120 Children	120 Children

**Performance Measures SFY 2010-2012**

1. Number and Percentage of families that reported satisfaction with provided family support.
2. Number and Percentage of families showing an increase in parenting knowledge and skill after receiving family support.
3. Percentage of people reporting knowledge of child development issues.
4. Number of children enrolled in nutrition and recreation course.

**How is this strategy building on the service network that currently exists:**

This strategy provides an opportunity for SRPMIC to develop new services to families in the community that are in need of age appropriate programs in the area of health and education.

**What are the opportunities for collaboration and alignment:**

This strategy allows for collaboration among a variety of community/neighborhood locations that already draw families, such as recreation centers, faith-based organizations, and businesses where

parents are employed.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 34,017.00
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**Budget Justification:**

Program implementation cost is estimated at \$34,017 to serve 120 children and the total cost per child is \$283. Cost includes personnel, employee related expenses, transportation, staff training, resources and materials. There are no fees to parents for child's participation. The program will be held in both Lehi and Salt River and will take place in an available Community facility

**Strategy 5** –Collaborative initiative that would allow seamless cross-coordination system among the various programs and departments in the Community that supports the safe and healthy development of children 0-5.

While a myriad of services exist in the Community, they are not currently prepared to provide the necessary continuum of care for the large number of children that require services. There is a need for a collaborative initiative that would allow each agency to focus on its area of expertise and then "transfer" the child to the next agency for focus on other needs. This strategy would develop a cohesive network that would link all service providers in the Community working with children ages 0-5. The collaboration of services will allow the Community to cross-match participants who are involved in all potential services.

**Activity:** The collaboration initiative would consist of coordination plans which would involve local departments and program directors. These key stakeholders would meet bi-monthly to develop a cross system/ service communication plan, which will ensure appropriate service delivery across early childhood systems in the SRP-MIC region.

**The benefits of coordination plans:**

- Preventing duplication of effort among agency programs.
- Improving the availability of services.
- Focusing services on specific population groups or geographic areas.
- Maximizing effectiveness of service delivery.
- Prevents lack of follow through with needed services

**Activity: (Production) Parent Resource Guide** provides information on services available to families with children ages 0-5 in the SRPMIC region. Information in the Parent Resource Guide will consist of prenatal care, family planning, and well-child services. The guide will also include Well Child Visit Vouchers. These vouchers are reminders to families when exams are due, to ensure that families are benefiting from services. The families will submit a voucher to an identified tribal medical provider. Vouchers can be redeemed for different incentives for family's use of services in the Community. This process will allow FTF to track the number of families utilizing the guide and Community programs and services within the guide. Other resource information will also be in the guide to educate parents on nutrition, oral health and early literacy.

Well Child Visit Vouchers may consist of reminders about:

- Immunizations
- Developmental Screening
- Dental varnishing
- Vision Screening
- Hearing Screening

Parent Resource Guides will be distributed by service providers i.e. (Child Find, FACE, WIC, Early Enrichment, and Salt River Clinic) and will also be available in public locations.

**Activity: Community Outreach Plan** educates the Community on early development and health. Informing the Community Members about early childhood systems and services available to them within and outside the region.

- **At least one quarterly Tribal Council Meeting** a year (potential speakers).
- **Two district meetings** a year in all Community (potential speakers).
- **Annual Summit:** participation in the Community's Annual Housing Conference.
  - Task would include: organization and implementation of workshop, potential speakers on early childhood health and development and incentives.

**Activity: Create a Community Resource Library**

The Resource Library would provide the Community access to information on a wide variety of issues and topics that families may be faced with on a day to day basis. Such as: health care, parent education, early childhood development, substance abuse, child abuse and information on children with special needs. The Resource Library will increase awareness of program and information about parenting.

The Parent Resource Guides and Resource Library information would be disseminated using diverse methods. A combination of oral presentations and written materials will be used at venues such as: Community events, Tribal Council meetings, District meetings, program/ department offices and conferences, internet, and tribal intranet. Although the information will be displayed on the internet and Tribal intranet, this method will not reach all Community Members due to limited access to a computer network system.

The department or agency that is selected to implement this strategy will work in partnership with the FTF SRP-MIC Regional Coordinator.

**Research Notes:**

(2007) From Program to Policy: Expanding the Role of Community Coalitions.

[www.cdc.gov/pcd/issues/2007/oct/07\\_0112.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0112.htm)

(2003) Community Partnerships. Journal of Urban Health: The New York Academy of Medicine

**Lead Goal: (11)** FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (13)** FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

**Key Measures:**

- Total number and percentage of public and private partners who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.

<b>Target Population:</b> This strategy is designed for programs/ departments, and the SRP-MIC Region that services with children birth to five and their parents.			
<b>Proposed Service Numbers</b>	<b>SFY2010 July 1, 2009 - June 30, 2010</b>	<b>SFY2011 July 1, 2010 – June 30, 2011</b>	<b>SFY2012 July 1, 2011 - June 30, 2012</b>
	1000 Families	1000 Children	1000 Children
<b>Performance Measures SFY 2010-2012</b>  1. Percent of parents who report improvement in transition of services. 2. Number of Community programs/ departments participating. 3. Number of families participating in Community Events. 4. Percent of families that report satisfaction with Resource Guide. 5. Number of families submitting vouchers			
<b>How is this strategy building on the service network that currently exists:</b>  Coordination is key to a building an early childhood system. This would allow all current providers and/ or departments to come together to focus on the needs of the region.			
<b>What are the opportunities for collaboration and alignment:</b>  The strategy will focus on collaboration among all Community programs/ departments and with various neighboring regions.			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy	Total: \$ 18,000		
<b>Budget Justification:</b> Community Meetings, Annual Summit and Resource Library \$ 11,000 Potential Speakers for meetings and summit, Purchase of resources for library Resource Guide(production) \$ 4,000 Incentives to different providers \$ 4,000 for use of vouchers			

**Strategy 6 : Expand access to TEACH Early Childhood Arizona**

Expand current tribal offered scholarship program for tribal members; TEACH would cover non-tribal members

The Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early childhood educators is a fundamental component of a high quality early learning system. There is extensive an body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children.

Programs enrolled in QUALITY FIRST! will have access to T.E.A.C.H Early Childhood Arizona. The Regional Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST!

Benefits to children: higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Council recognizes and supports the following elements of the scholarship program:

**Scholarships** - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

**Education** - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

**Commitment** - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.



**Research Notes:**

Information about the T.E.A.C.H. project is available on the web at [www.childcareservices.org/ps/teach.html](http://www.childcareservices.org/ps/teach.html). State contacts are available at [www.childcareservices.org/ps/statecontacts.html](http://www.childcareservices.org/ps/statecontacts.html).

Ohio Department of Education (January 2006). Critical Issues in Early Educator Professional and Workforce Development. Columbus, OH: This paper was funding by the Department under the commission of the School Readiness Solutions Group. This paper was developed by Jana Fleming.

**Lead Goal:** (8) FTF will build a skilled and well prepared early childhood development workforce.

**Goal:** (1) FTF will improve access to quality early care and education programs and settings.

**Key Measures:**

- Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.

**Target Population:**

Employees of the region's early care and education centers and homes that are non-tribal members and do not qualify for the tribal scholarship.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	6 students	6 students	6students

**Performance Measures SFYs 2010-2012**

- 1) Number of professionals pursuing degree in early childhood/ Actual service #
- 2) Number of college credits held by professionals/ proposed service numbers
- 3) Number of college credits held by professionals/ actual service numbers

• How is this strategy building on the service network that currently exists:  
This strategy capitalizes on T.E.A.C.H Early Childhood Arizona. TEACH is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education.

• What are the opportunities for collaboration and alignment:  
The T.E.A.C.H Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Expand currently tribally offered scholarship program for tribal members, we would cover

non-tribal members.

#### SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy

**Total: \$ 16,008**

#### Budget Justification:

6 teachers/caregivers-full year participation @\$1600 per student = \$9,600.00

#### Mileage

300 miles/month per teacher/caregiver @ 0.445= \$89.00, @ 8 months= \$1,068.00, @ 6 students= \$6,408.00

**Strategy 7:** Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities

Specifically the Regional Council will focus on the following:

- Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocate for public policy change and increased resources on behalf of young children and their families.

The Regional Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The SRP-MIC Regional Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."<sup>1</sup>

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.<sup>2</sup>

The SRPMIC Regional Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Councils and FTF Board to further define the

community awareness and mobilization effort. The Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need over time and will set aside \$2,000 each year.

**Research Notes:**

<sup>1</sup>Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

<sup>2</sup> FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

**Goal (15):** FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

<b>Key Measures</b> <ul style="list-style-type: none"><li>• Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters</li><li>• Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</li></ul>			
<b>Target Population:</b> <p>The strategy will target the region’s entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc., will be determined and will be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> <b>July 1, 2009 –</b> <b>June 30, 2010</b>	<b>SFY2011</b> <b>July 1, 2010 –</b> <b>June 30, 2011</b>	<b>SFY2012</b> <b>July 1, 2011 -</b> <b>June 30, 2012</b>
	TBD	TBD	TBD
<b>Performance Measures SFYs 2010 – 2012</b> <p>TBD</p>			
<ul style="list-style-type: none"><li>• How is this strategy building on the service network that currently exists: Current projects for outreach and enrollment exist and have shown some success. Program providers report that these existing efforts are inconsistent and intermittent due to limited funding, planning, and coordination.</li></ul>			
<ul style="list-style-type: none"><li>• What are the opportunities for collaboration and alignment: The statewide communications plan has specific goals that can be enhanced with additional funding regionally. Materials and information can be disseminated through existing agencies, child care centers, schools and clinics.  Other agencies, Valley of the Sun United Way, New Directions, Mesa United Way all do awareness campaigns for early childhood education and health – collaborations will be encouraged</li></ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy		\$ 2,000	
<b>Budget Justification:</b> <p>Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1% of</p>			

a regional allocation would be adequate to support this strategy. The Salt River Pima Maricopa Indian Regional Council will allocate \$2,000 for this strategy which is slightly more than 1% of the allocation.

II. **Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)**

<b>Revenue</b>	
Population Based Allocation SFY2010	\$170,853
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1 Summer Pre-Kindergarten	\$48,913
Strategy 2 Family Support	\$31,916
Strategy 3 Reach Out and Read	\$2,408
Strategy 4 Nutrition, Education and Physical Exercise.	\$34,017
Strategy 5 Collaborative Initiative	\$18,000
Strategy 6 Expand TEACH	\$16,008
Strategy 7 Communication	\$2,000
Regional Needs & Assets (if applicable)	\$5,000
<b>Subtotal of Expenditures</b>	<b>\$158,262</b>
<b>Fund Balance (undistributed regional allocation in SFY2010)*</b>	<b>\$12,591</b>
<b>Grand Total (Add Subtotal and Fund Balance)</b>	<b>\$170,853</b>

\*A fund balance has been intentionally built into the budget to provide funding in subsequent years. The service levels for strategy 1 is increased each year FY10-FY12 as capacity to implement the strategies and deliver the required services are developed regionally.

III. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$170,853	\$170,853	\$170,853	\$512,559
Fund Balance (carry forward from previous SFY)	N/A	\$12,591	\$11,685	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1	\$48,913	\$62,410	\$73,263	\$184,586
Strategy 2	\$31,916	\$31,916	\$31,916	\$95,748
Strategy 3	\$2,408	\$2,408	\$2,408	\$7,224
Strategy 4	\$34,017	\$34,017	\$34,017	\$102,051
Strategy 5	\$18,000	\$18,000	\$18,000	\$54,000
Strategy 6	\$16,008	\$16,008	\$16,008	\$48,024
Strategy 7	\$2,000	\$2,000	\$2,000	\$6,000
Regional Needs & Assets	\$5,000	\$5,000	\$1,972	\$11,972
Subtotal Expenditures	\$158,262	\$171,759	\$182,538	\$509,605
Fund Balance* (undistributed regional allocation)	\$12,591	\$11,685	\$0	
Grand Total	\$170,853	\$183,766	\$182,538	

\*A fund balance has been intentionally built into the budget to provide funding in subsequent years. The service levels for strategy 1 is increased each year FY10-FY12 as capacity to implement the strategies and deliver the required services are developed regionally.

**IV. Discretionary and Public/Private Funds**

- Based on SFY2010 and three year expenditure plans provide recommendations for use of discretionary funds and/or plans to raise public or private dollars for Regional Council's strategic plan.

According to the Tribal Enrollment office there are 1101 children ages 0-5 residing in the Community, out of those 1101 children only 270 receive childcare services in the region. Given the 270 children that are already receiving services through programs/providers, it is assumed that the remaining children are either being cared for outside of these facilities, outside of their community or in the home by family member.

Discretionary funding is needed to increase the number of children that receive comprehensive pre-kindergarten programs, to increase school readiness, through expansion of school based six (6) week summer pre-k/transition program to a nine month pre-k program. Due to the need of more facilities only 30 percent of the regions children receive pre-k center/ classroom based experience. Therefore, we believe increasing the number of slots within programs is vital, (recreation centers, churches and library) and foresee various funding streams for expansion.

We would also like to seek funds that would allow us to increase the number of mental health infant/toddler specialists and speech/language pathologists, physical therapists and occupational therapists supporting children birth to age five in the Community. When children are identified with a developmental delay they are referred outside the Community for services due to the limited number or no therapists in the Community.